

**PLEASE READ BEFORE COMPLETING APPLICATION**

**THIS APPLICATION MAY BE USED FOR EITHER EMPLOYMENT WITH DCF OR APPLYING FOR A DAS STATE EXAMINATION. IF YOU ARE APPLYING FOR EMPLOYMENT WITH DCF YOU MUST COMPLETE THE DCF LOCATION FORM. APPLICATIONS FOR EMPLOYMENT MUST BE MAILED TO THE PERSONNEL OFFICER LISTED ON THE JOB OPPORTUNITIES BULLETIN NOT TO DAS.**

**GENERAL INSTRUCTIONS:**

1. Obtain a copy of the examination announcement before completing this application. The announcement includes important information such as: minimum requirements for admission to the examination, the examination number, closing date for applications and other job-related information. In many cases the exam announcement also contains special filing instructions which detail exam materials which **must** be submitted with the application form.
2. Applications (and exam materials, if required) must be date stamped by DAS/Human Resources or postmarked by the closing date. Late or incomplete applications packages will not be accepted. (Resumes may be included as a supplement to the application form but they will not substitute for any information required on the application form.)
3. **Applications received for which there is no current examination announcement will be returned. Applications for position/job postings must be sent to the address in the posting. DO NOT sent applications for postings to DAS unless specifically direct to do so in the posting.**
4. **INTERNAL DCF CANDIDATES ONLY NEED TO COMPLETE THE PLD-1 PORTION OF THE APPLICATION.**
5. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
6. Write your social security number on all pages and on any attached pages. Any future correspondence regarding this application should include your social security number.
7. Type or print (in ink) all information. Detach this Cover Page and keep it for yourself.
8. Mail or fax **applications for examination only and any required exam materials to DAS**. Retain a copy of your application and fax transmittal receipt for your records. For DAS the preferred method of transmittal is by fax. A separate application form must be submitted for each exam you are applying for. Due to the large number of applications received, DAS cannot confirm receipt of applications. Do not mail a copy of your application form if you have faxed the materials.

**Application For Examination**

Send  
to:

Department of Administrative Services

Please visit the DAS Website for information on  
where to send Examination materials.

<http://www.das.state.ct.us/exam/default.asp>

**Application for Employment**

Send  
to:

Department of Children and Families

**Send Application to the attention of the  
Personnel Officer listed on the Job  
Opportunity Bulletin at the address listed on  
the posting.**

9. This application is **not** to be used for the following examinations: State Police Trooper Trainee, Correction Officer, Protective Services Trainee, and State Marshall. When these examinations are open you must use the Internet application forms on the DAS Web Site (<http://www.das.state.ct.us/exam>).

**TEST INFORMATION:**

Tests are written, oral, experience and training, practical, or performance tests, or a combination thereof. Refer to the exam announcement to determine the type of exam used, the test subjects, and the weight of each part of the examination.

Most examinations are given in the Hartford area. Written examinations are generally given on Saturday. Oral examinations are held during the week.

Experience and training examinations generally require exam information to be submitted with the application form. Refer to the exam announcement for application and examination instructions. Applications received without the required exam materials will not be accepted.

A written notice of your test results will be mailed to you. This will normally take four weeks after the exam is given. No test results will be given over the phone.

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a six-month probationary period.

**TEAR OFF AND KEEP THIS SHEET!**

# APPLICATION FOR EXAMINATION OR EMPLOYMENT

PLD-1 rev. 6/04



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SOCIAL SECURITY NUMBER

## STATE OF CONNECTICUT

**INSTRUCTIONS:** Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to ALL questions.

APP		DIS		BY		REV		Reason for Disapproval		AE Date		SUBJECT TO:			
								1. Lack of Gen. Exp.		3. Lack of Sp. Exp.					
								2. Length of Gen. Exp.		4. Length of Sp. Exp.					
								5. Other _____							
<b>DO NOT WRITE</b> in shaded area															
EXAMINATION TITLE										EXAM NO.					
NAME (Last)						(First)						(MI)		SUFFIX (JR., DR.)	
ADDRESS (Number and Street)															
CITY										STATE		ZIP CODE (Last 4 digits are optional)			
AREA CODE				HOME PHONE NUMBER				AREA CODE		BUSINESS PHONE NUMBER				EXTENSION	
Cellular Phone Number:				Area Code				Cell Phone Number				E-mail Address:			
May we call you at work?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License				<input type="checkbox"/> Yes <input type="checkbox"/> No		If you are 17 years old or younger, enter your age			
What kind of position are you applying for?				<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either		Are you currently employed by the State of Connecticut				<input type="checkbox"/> Yes <input type="checkbox"/> No					
IF STATE EMPLOYEE, GIVE YOUR OFFICIAL CLASS TITLE				IS THIS A FULL-TIME POSITION?				MAJOR DEPT.				BUREAU, DIVISION OR AGENCY WITHIN DEPT.			
				<input type="checkbox"/> Yes <input type="checkbox"/> No											
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12															
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?							
			FROM	TO											
TECHNICAL OR BUSINESS															
COLLEGE OR UNIVERSITY															
OTHER EDUCATION															
<b>OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)</b>															
KIND(S)		ISSUED BY		DATE ISSUED		EXPIRATION DATE		NO.							
Do you speak, read or write a language other than English? <input type="checkbox"/> Yes (specify language) (This information is voluntary unless required by the exam announcement.)															

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## INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)			Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)      (Yr.)	To: (Mo.)      (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title			Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)      (Yr.)	To: (Mo.)      (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title			Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)      (Yr.)	To: (Mo.)      (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title			Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)      (Yr.)	To: (Mo.)      (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICANT DATA

**SOCIAL SECURITY NUMBER**

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**CONTACT:** May we contact your present employer?

☐

Yes

☐

No

**CRIMINAL CONVICTIONS:** Answers to the following question will be considered for examination/employment purposes if relevant to the position/exam for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

☐

Yes

☐

No

If, "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

**Special Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

**VETERAN'S PREFERENCE:** Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Time of war periods include: 12/7/41 to 12/31/47; 6/27/50 to 1/31/55; 7/1/58-11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present.

Do you claim Veteran's Preference (5 points)? If yes, check one of the following.

☐

A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

☐

B. As a spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veteran's disability is unable to pursue gainful employment.

☐

C. As an unmarried surviving spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

You may also be eligible for Veteran's Preference (5 points), if:

☐

You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States, and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal.

Do you claim Disabled Veteran's Preference (10 points)? If yes, check one of the following.

☐

A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

☐

B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability.

☐

C. As an unmarried surviving spouse of a disabled Veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

**IMPORTANT:** Proof of right to Veteran's Preference (DD214) and other relevant information must be submitted to DAS/Human Resources, Room 422, 165 Capitol Avenue, Hartford, CT 06106-1630 - (Fax 860-713-7470), if not already on file.

☐

Proof previously submitted.

☐

Proof attached to this application.

**Note:** Veterans' points are only added after a candidate passes an open competitive examination. (C.G.S. 5-224).

**SOCIAL SECURITY NUMBER**

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**EMPLOYMENT DISTRICTS**

Check the box(es) for **ONLY** the district(s) in which you will accept employment. Indicate your choice of location preference(s) in the left hand column by checking the appropriate box(es) where you are willing to work. Not all jobs are used in all locations. Names will be certified by location only at the request of the appointing authority. Location preferences may be changed by submitting a written request to DAS/Human Resources.

- |   |                          |                                                                                                                                                                              |
|---|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input type="checkbox"/> | All Locations                                                                                                                                                                |
| B | <input type="checkbox"/> | Greenwich, Stamford, New Canaan, Darien                                                                                                                                      |
| C | <input type="checkbox"/> | Norwalk, Wilton, Weston, Westport                                                                                                                                            |
| D | <input type="checkbox"/> | Fairfield, Easton, Monroe, Trumbull, Shelton, Stratford, Milford                                                                                                             |
| E | <input type="checkbox"/> | Bridgeport                                                                                                                                                                   |
| F | <input type="checkbox"/> | Redding, Ridgefield, Danbury, Bethel, Newton, Brookfield, New Fairfield, Bridgewater, Sherman, New Milford<br>Roxbury, Washington, Kent, Warren                              |
| G | <input type="checkbox"/> | Morris, Litchfield, Harwinton, New Hartford, Torrington, Goshen, Cornwall, Sharon, Salisbury, Canaan,<br>North Canaan, Norfolk, Colebrook, Winchester, Hartland, Barkhamsted |
| H | <input type="checkbox"/> | Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Beacon Falls, Naugatuck, Prospect,<br>Waterbury, Wolcott, Cheshire                                         |
| I | <input type="checkbox"/> | Oxford, Seymour, Ansonia, Derby                                                                                                                                              |
| J | <input type="checkbox"/> | West Haven, Orange, Woodbridge, Bethany, Hamden, North Haven, East Haven, North Branford, Wallingford, Branford, Guilford,<br>Madison, Clinton                               |
| K | <input type="checkbox"/> | New Haven                                                                                                                                                                    |
| L | <input type="checkbox"/> | Meriden                                                                                                                                                                      |
| M | <input type="checkbox"/> | Plymouth, Bristol, Burlington                                                                                                                                                |
| N | <input type="checkbox"/> | Berlin, Southington, Plainville, New Britain                                                                                                                                 |
| O | <input type="checkbox"/> | Avon, Farmington, West Hartford                                                                                                                                              |
| P | <input type="checkbox"/> | East Hartford, Manchester                                                                                                                                                    |
| Q | <input type="checkbox"/> | Hartford                                                                                                                                                                     |
| R | <input type="checkbox"/> | Granby, Canton, Simsbury, Suffield, East Granby, Windsor Locks, Windsor, Bloomfield, East Windsor<br>South Windsor Ellington, Vernon, Tolland, Stafford, Willington          |
| S | <input type="checkbox"/> | Enfield, Somers                                                                                                                                                              |
| T | <input type="checkbox"/> | Newington, Wethersfield, Rocky Hill                                                                                                                                          |
| U | <input type="checkbox"/> | Union, Ashford, Mansfield, Chaplin, Hampton, Windham, Scotland, Lebanon                                                                                                      |
| V | <input type="checkbox"/> | Cromwell, Portland, Middletown, Middlefield, Durham, East Hampton, Haddam, East Haddam, Chester, Essex,<br>Killingworth, Deep River, Westbrook, Old Saybrook                 |
| W | <input type="checkbox"/> | Lyme, Old Lyme, East Lyme, Salem, Montville, Waterford, New London, Ledyard, Groton, Stonington North Stonington                                                             |
| X | <input type="checkbox"/> | Bozrah, Franklin, Norwich, Sprague, Lisbon, Preston, Griswold, Voluntown                                                                                                     |
| Y | <input type="checkbox"/> | Woodstock, Thompson, Putnam, Pomfret, Eastford, Brooklyn, Canterbury, Plainfield, Sterling, Killingly                                                                        |
| Z | <input type="checkbox"/> | Glastonbury, Marlborough, Colchester, Hebron, Columbia, Andover, Bolton, Coventry                                                                                            |

## APPLICANT DATA

SOCIAL SECURITY NUMBER

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**TESTING ACCOMMODATIONS:** Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the Staffing Services Unit of DAS/Human Resources at 860-713-7463, (voice and TDD) immediately upon submitting an application for this examination. Provide the exam title and number, your social security number, and a description of your specific needs.

### Voluntary:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

A. SEX: Female ☐ Male ☐

### B. RACE/ETHNIC DATA

- ☐ 1. BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- ☐ 2. HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ 3. WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ 4. AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ 5. ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es) below:

- ☐ 1. State of Connecticut Internet site.
- ☐ 2. Newspaper, professional journal, radio or TV advertisement.
- ☐ 3. Posting.
- ☐ 4. Direct e-mail or paper mailing.
- ☐ 5. Present state employee.
- ☐ 6. Career fair.
- ☐ 7. Other: Please specify: \_\_\_\_\_

Date: \_\_\_\_\_

The Department of Children and Families is a State of Connecticut Agency providing services to help meet the needs and maintain the safety of children and youth.

\_\_\_\_\_, has applied for employment as a \_\_\_\_\_ and has given permission to contact you for reference information. Any information you can provide will be greatly appreciated and held in strict confidence.

Sincerely,

Employment Specialist  
Telephone: (860) 550-\_\_\_\_\_  
Fax: (860) 566-6729

### APPLICANT'S AUTHORIZATION

I understand that in connection with the application process, the Department of Children and Families (DCF) and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I also understand that DCF may provide such information to its affiliates and to other third parties. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless DCF, the State of Connecticut, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.

I authorize my previous employer or the addressee above to release information as requested by DCF for pre-employment evaluation purposes. A photocopy of this signed form is acceptable authorization.

Applicant's Name (*please print clearly*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF CONNECTICUT

DEPARTMENT OF CHILDREN AND FAMILIES

505 HUDSON STREET, HARTFORD, CONNECTICUT 06106-7107

*An Equal Opportunity Employer*

Social Security Number:  -  -

**THIS FORM SHOULD BE COMPLETED BY A CURRENT / FORMER EMPLOYER.**

**PLEASE PRINT OR TYPE:**

1. Name of Applicant: \_\_\_\_\_

2. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Job Title(s): \_\_\_\_\_

4. Reason for Leaving: \_\_\_\_\_

5. Would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_

6. Please rate this person on each of the following characteristics:

**Unsatisfactory**

**Outstanding**

**Very Good**

**Satisfactory**

**Fair**

Dependability					
<b>Attendance &amp; Punctuality</b>					
<b>Ability to work with co-workers</b>					
<b>Quality of Work</b>					
<b>Cooperation</b>					
<b>Ability to learn new tasks</b>					
<b>Judgment</b>					
<b>Computer Skills</b>					
<b>Ability to follow written &amp;/or oral instructions</b>					

7. Additional Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Social Security Number:**       -   -



## DEPARTMENT OF CHILDREN AND FAMILIES

505 Hudson Street, Hartford, Connecticut 06106

### LOCATION FORM

Below you will find a listing of the offices and facilities of the Department of Children and Families. According to your selection(s), you will be considered for appointment only in the location(s) you have indicated. Please check your location preference(s) below **(you must select at least one)**. You may change your choice of locations(s) simply by submitting a new Location form. Please complete and return this form with your application for employment.

#### AREA OFFICES

- ☐ BRIDGEPORT OFFICE, Bridgeport, CT
- ☐ DANBURY OFFICE, Danbury, CT
- ☐ GREATER NEW HAVEN OFFICE, New Haven, CT
- ☐ HARTFORD OFFICE, Hartford, CT
- ☐ MANCHESTER OFFICE, Manchester, CT
- ☐ MERIDEN OFFICE, Meriden, CT
- ☐ MIDDLETOWN OFFICE, Middletown, CT
- ☐ NEW BRITAIN OFFICE, New Britain, CT
- ☐ NEW HAVEN OFFICE, New Haven, CT
- ☐ NORWALK OFFICE, East Norwalk, CT
- ☐ NORWICH OFFICE, Norwich, CT
- ☐ STAMFORD OFFICE, Stamford, CT
- ☐ TORRINGTON OFFICE, Torrington, CT
- ☐ WATERBURY OFFICE, Waterbury, CT
- ☐ WILLIMANTIC OFFICE, Willimantic, CT

#### FACILITIES

- ☐ CONNECTICUT JUVENILE TRAINING SCHOOL, Middletown, CT
- ☐ CT CHILDREN'S PLACE, East Windsor, CT
- ☐ HIGH MEADOWS, Hamden, CT
- ☐ RIVERVIEW HOSPITAL, Middletown, CT

#### CENTRAL OFFICE

- ☐ CENTRAL OFFICE, Hartford, CT
- ☐ WILDERNESS SCHOOL, East Hartland, CT

PLEASE NOTE: Complete this page only if you are applying for employment with The Department of Children and Families. The Department of Children and Families is an Affirmative Action Employer.

☐ CHECK HERE IF YOU WOULD LIKE DCF TO ALSO FORWARD YOUR APPLICATION TO OUR COMMUNITY PROVIDER NETWORK FOR POSSIBLE EMPLOYMENT OPPORTUNITIES.

**PLEASE SEE REVERSE SIDE**

Social Security Number:    -   -

**STATE OF CONNECTICUT  
DEPARTMENT OF CHILDREN AND FAMILIES  
EMPLOYMENT APPLICATION ADDENDUM**

**PLEASE NOTE:** DCF employment policy requires the verification of the accuracy of information presented on the employment application and during the interview process. Additionally, for selected occupations, employment screening will include the verification of educational credentials and occupational licenses, a pre-employment physical examination and drug test. The following will apply to all new hires, a motor vehicle record check, a post-offer background check as it pertains to DCF involvement (“LINK Check”) and, **as allowed by State Statute (C.G.S. 17a-112), a criminal background check including fingerprinting will also be conducted prior to employment. In order to complete the criminal background check, we request you provide the following voluntary information.**

Applicant Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hgt. \_\_\_\_ Wgt. \_\_\_\_

Maiden / Alias Name(s): \_\_\_\_\_

As noted, this information is voluntary. However, without this information DCF will **not** be able to process your application for employment.

Answers to the following questions will be considered for employment purposes if relevant to the position for which you are applying.

- ♦ Have you pleaded guilty or have you been found guilty of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youthful offender law.) \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please attach a signed and dated statement including the date(s) of conviction(s), the charge(s), the circumstance(s) surrounding the convictions(s), pending charge(s), etc.

**Please note, conviction is the result of criminal processing which ends in a judgment that the accused is guilty of an offense and can require incarceration, the payment of fines and/or serving probation, or receiving a suspended sentence.**

**Special Note:** You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

- ♦ Have you ever been investigated by the Connecticut Department of Children and Families or any other child protection agencies on allegations of child abuse and/or neglect?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please attach a signed and dated statement including the date(s), of investigation(s) and the circumstances involved.

**Please note, an investigation is considered to have taken place when a DCF Investigator has contacted you to discuss a report of child abuse or neglect.**

- ♦ Within the last five years, have you been fired from a job or quit a job after being notified that you would be fired?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number:       -   -

◆ Do you have a valid driver's license? Yes\_\_\_\_\_ No\_\_\_\_\_ State \_\_\_\_\_ Operator #\_\_\_\_\_

NOTE: Some positions within the Department of Children and Families (DCF) require a current driver's license. If the position for which you are applying requires a current driver's license, you must possess a Connecticut Driver's License if your permanent residence is in Connecticut. If you have recently relocated to Connecticut and have not yet obtained a Connecticut Driver's License, you must acquire a Connecticut Driver's License within 30 day of residency. If you are a resident of a neighboring state (i.e., New York, Massachusetts, Rhode Island), you must have a current driver's license from your state of residence.

- ◆ If you have indicated on your application possession of a degree/license, please be advised that a copy of this credential will be required at the time of employment.
- ◆ The State of Connecticut prohibits discrimination on the basis of race, color, religious creed, age, sex, sexual orientation, marital status, national origin, ancestry, physical handicap, and political beliefs, except for those above which are deemed to be bonafide occupational qualifications.
- ◆ DCF policy prohibits the appointment of any relative to a position in which he or she will supervise, be supervised by or in any other way be placed in a position to influence benefits, working conditions or personnel transactions involving the family member.

**I understand refusal or failure to provide DCF with the required information to conduct the LINK Check will result in rescinding the job offer. I certify that the statements made by me on this application and attachments hereto are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make a misstatement of fact, including omission or falsification of information, I am subject to disqualification and/or dismissal and to such other penalties as may be prescribed by law and/or State Personnel Regulations. All statements made on this application and attachments(s), including employment information are subject to verification.**

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

Social Security Number:

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Revised: 9/1/05